

# GRUNDLAGEN DER BAYESSCHEN METAANALYSE

**GMDs 2023: Workshop ATF und Präsidiumskommission  
"Methodenaspekte in der Arbeit des IQWiG und IQTIG"**

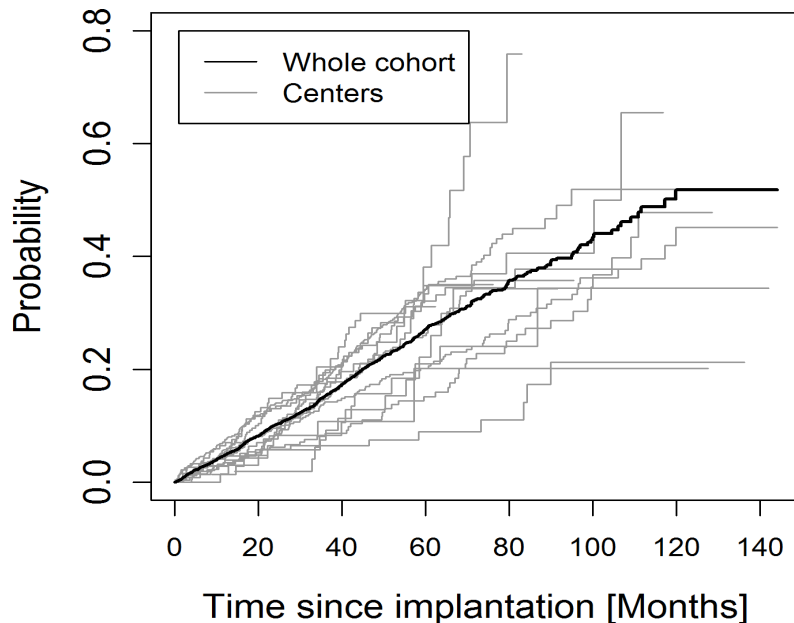
Tim Friede

Institut für Medizinische Statistik

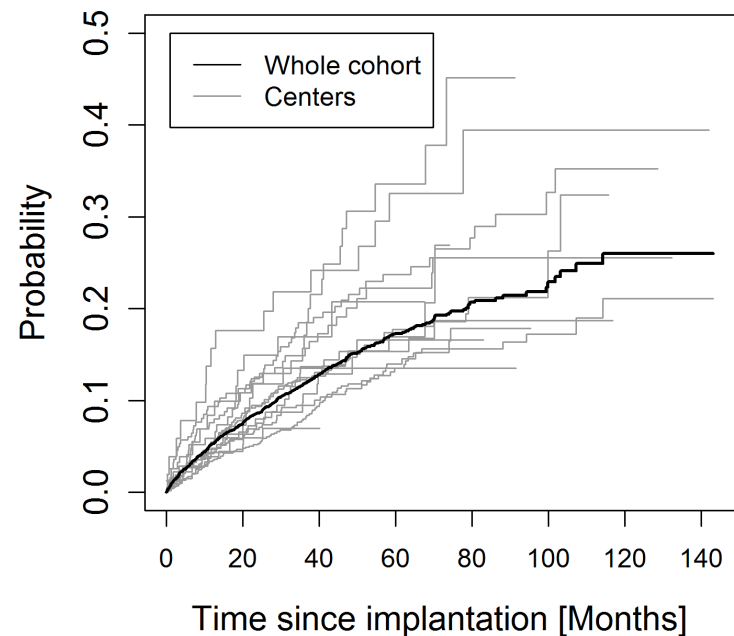
Universitätsmedizin Göttingen

# HETEROGENEITY IN EVENT RATES: EU-CERT-ICD REGISTRY

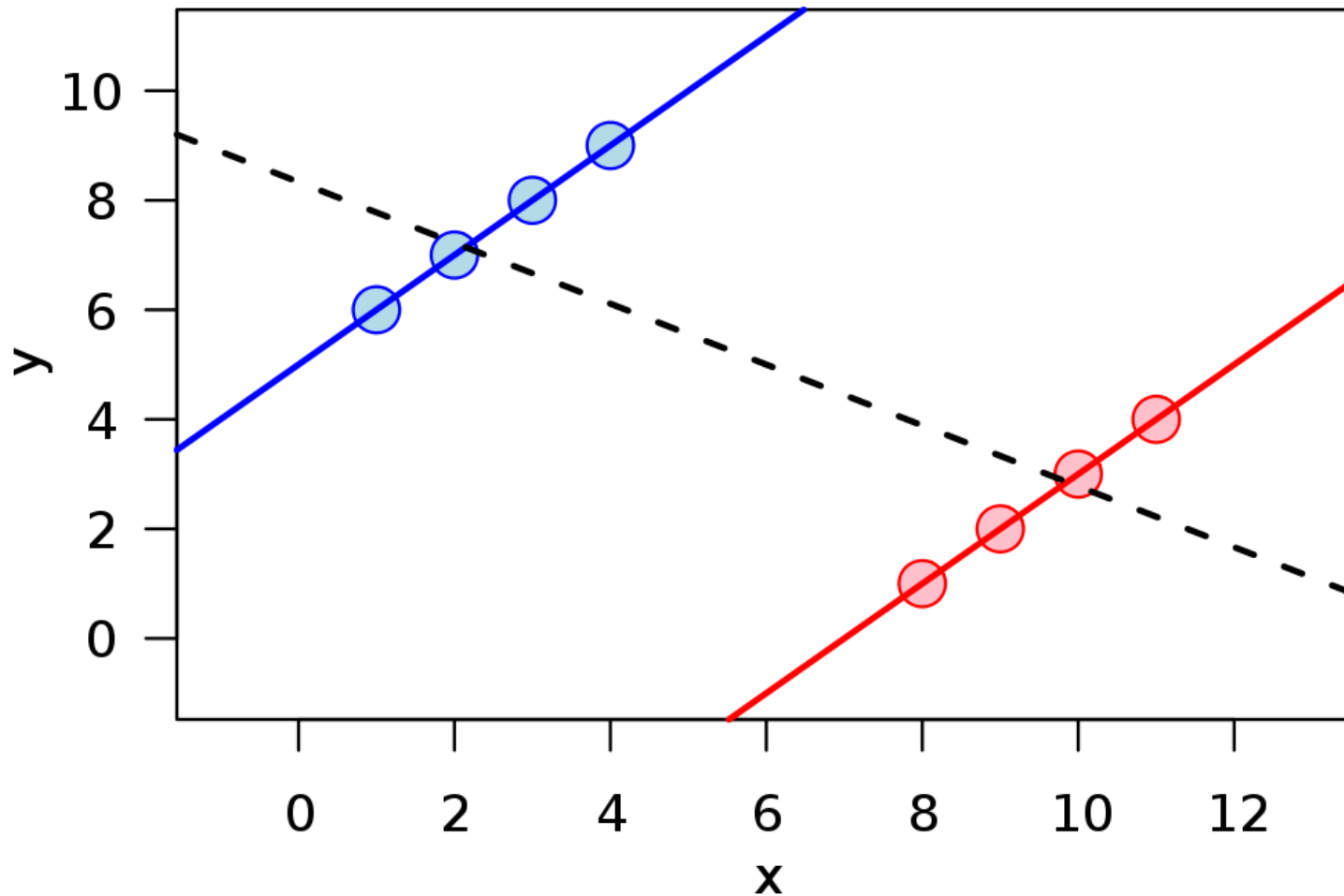
**All-cause mortality**



**First appropriate shock**



# SIMPSON'S PARADOX



[http://en.wikipedia.org/wiki/Simpson%27s\\_paradox](http://en.wikipedia.org/wiki/Simpson%27s_paradox)

# META-ANALYSIS

▷ **Data:** treatment effect estimate  $y_i$  and standard error  $\sigma_i$  for study  $i$

▷ **General common-effect (or fixed-effect) model**

▷ Assumption: The true (unknown) treatment effects  $\theta_1, \dots, \theta_k$  in studies 1 to  $k$  are the same (i.e.  $\theta_1 = \dots = \theta_k = \mu$ ).

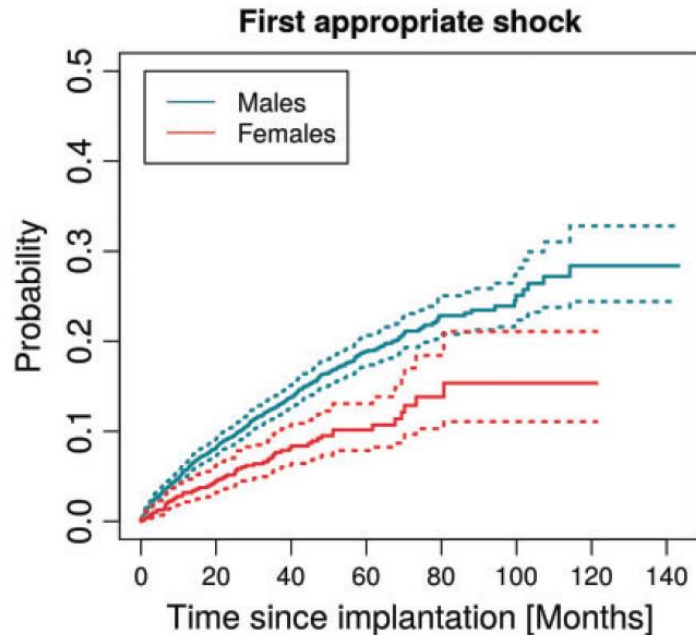
▷ Treatment effect estimate (with weights  $w_i$ ): 
$$\hat{\mu} = \frac{\sum_{i=1}^k w_i y_i}{\sum_{i=1}^k w_i}$$

▷ Inverse-variance weighted method:  $w_i = 1/\sigma_i^2$  (with variance  $\sigma_i^2$ )

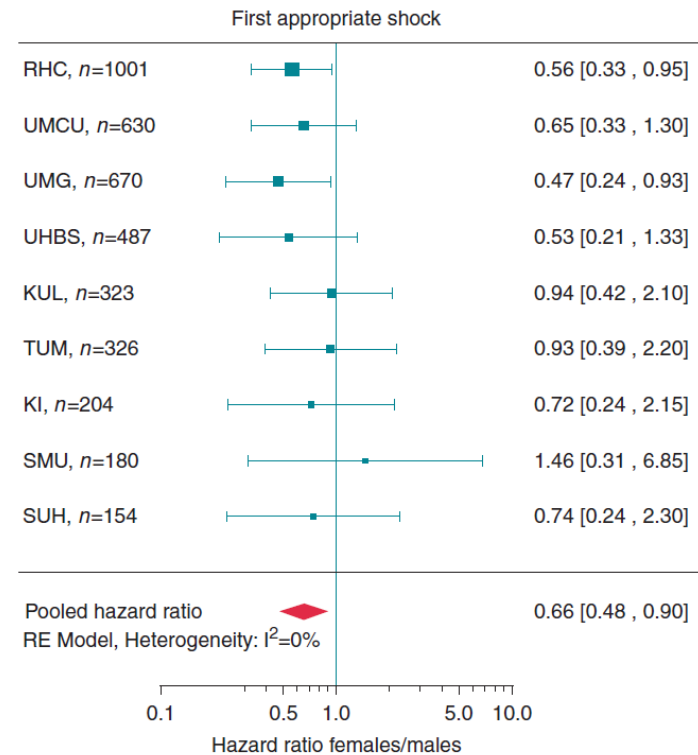
▷ Confidence interval  $\hat{\mu} \pm z_{1-\alpha/2} \sqrt{1/(\sum w_i)}$

▷ Some **specific methods** for combining odds ratios (e.g. Mantel-Haenszel, Peto)

# EU-CERT-ICD REGISTRY: HETEROGENEITY IN GENDER DIFFERENCES?

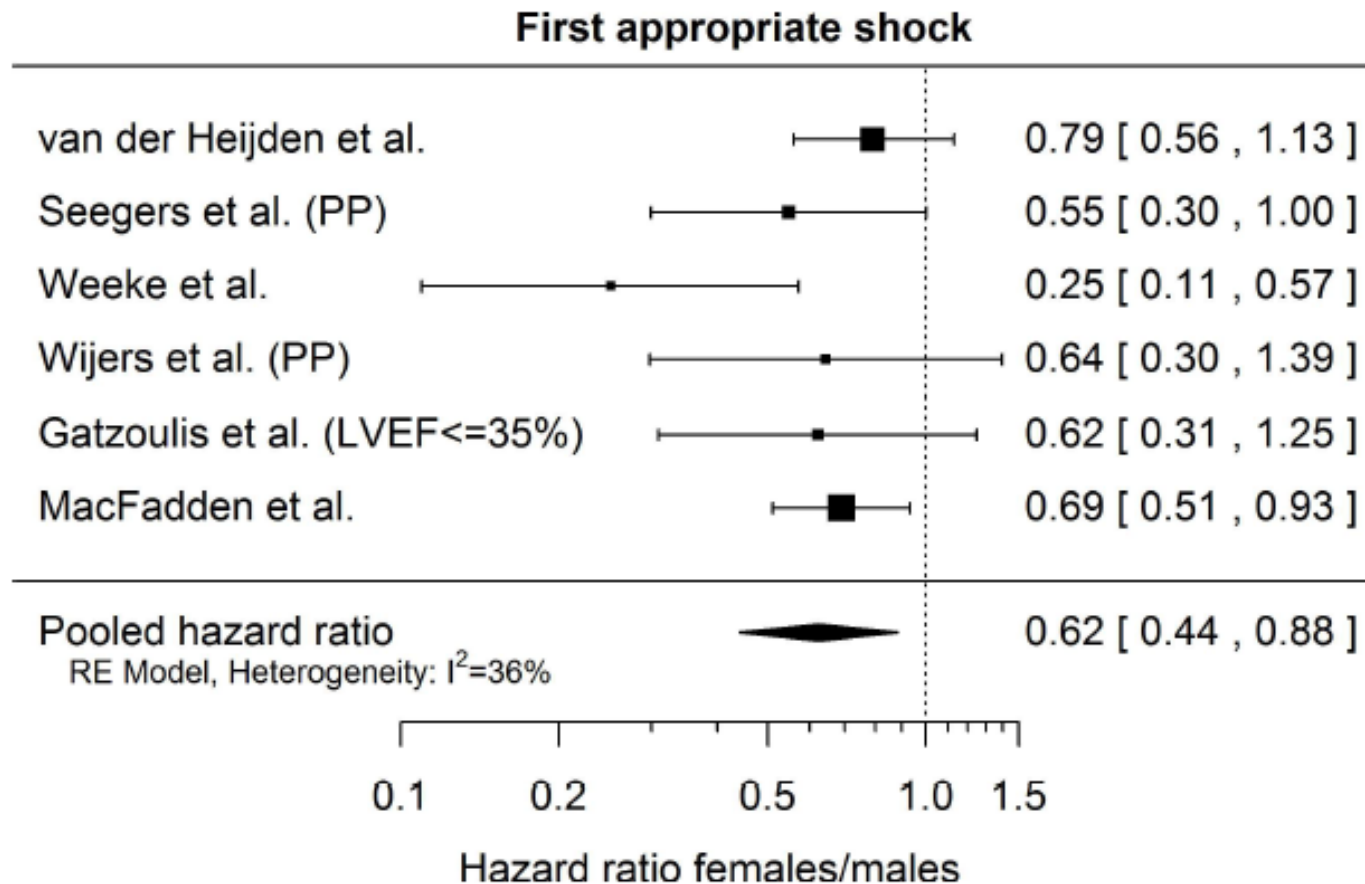


**Figure 5** Cumulative incidences of first appropriate shocks by gender (with 95% CIs).



**Figure 6** Forest plot of estimated centre-specific hazard ratios for gender regarding the first appropriate shock together with their 95% CIs and the pooled hazard ratio with a modified Knapp-Hartung 95% CI. (Note that only centres with at least 10 female patients and at least 1 observed first appropriate shock both among males and females were included in this analysis.).

# EU-CERT-ICD SYSTEMATIC REVIEW: HETEROGENEITY IN GENDER EFFECTS



**Fig 3. Extracted hazard ratios for female gender regarding risk of all-cause mortality with 95% confidence intervals as reported in the respective publications.** 'PP' indicates that the results were re-analyzed for primary prevention patients only. The pooled estimate is reported with a Knapp-Hartung adjusted 95% confidence interval. The dotted vertical line denotes a hazard ratio of 1, which corresponds to no difference in the risk between males and females.

# NORMAL-NORMAL HIERARCHICAL MODEL (NNHM)

## ▷ Common effect (or fixed effect) model

- ▷ assumes no between-study heterogeneity (i.e.  $\theta_1 = \dots = \theta_k$ )
- ▷ confidence intervals too narrow if heterogeneity present

## ▷ NNHM for random effects meta-analysis

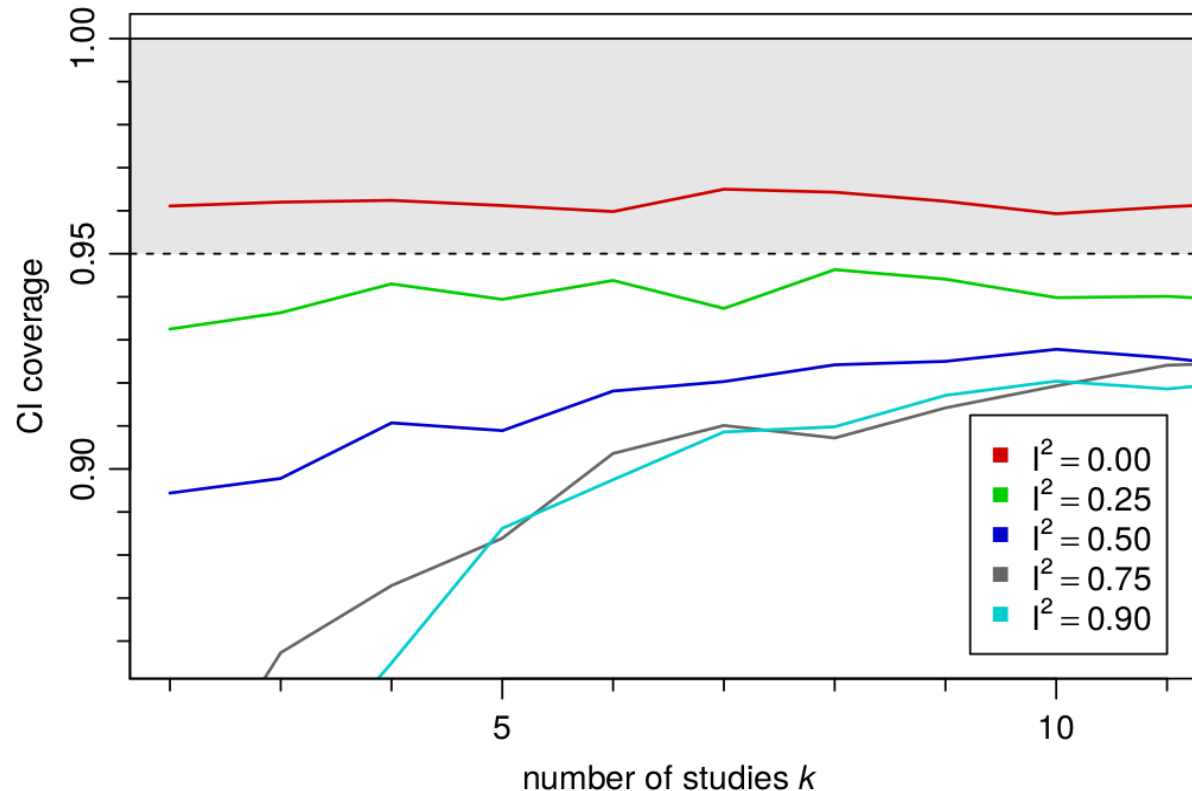
- ▷ Study-specific effect sizes  $\theta_1, \dots, \theta_k$  from a normal distribution with mean  $\mu$  and variance  $\tau^2$ , i.e.  $\theta_i | \mu, \tau \sim N(\mu, \tau^2)$
- ▷ Therefore,  $y_i | \mu, \tau \sim N(\mu, \sigma_i^2 + \tau^2)$
- ▷ Hence, the weights become  $w_i = 1/(\tau^2 + \sigma_i^2)$
- ▷ Formulae for the overall treatment effect and its standard error the same as for the common effect model, but with different weights (see above)

## BETWEEN-STUDY HETEROGENEITY

- ▷ **Between-study heterogeneity and how we dealt with it**
  - ▷ Baseline / control arm (e.g. event rate): stratification by study
  - ▷ Treatment effects: random effects meta-analysis
- ▷ **Meta-analyses including only (very) few studies common**
  - ▷ Cochrane database: meta-analyses of 2-3 studies very common (Turner et al, 2012)
  - ▷ Summarizing studies of a development programme
  - ▷ ...



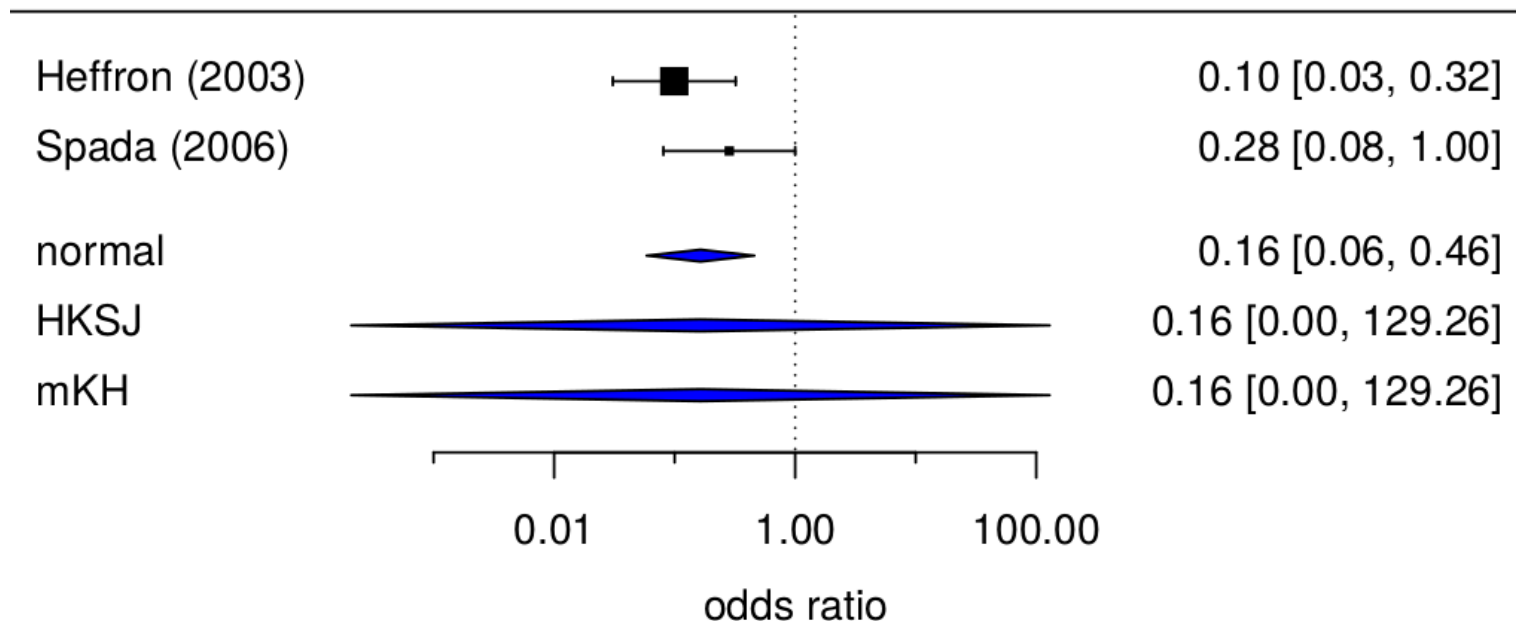
- ▷ Standard method (DerSimonian-Laird, DL)
  - ▷ Underestimates between-study heterogeneity
  - ▷ Fails to account for uncertainty in estimation of heterogeneity



# WITH VERY FEW STUDIES: KNAPP-HARTUNG METHOD DOES NOT SOLVE THE PROBLEM

- ▶ 97.5% quantile of t-distribution with 1 df = 12.7 !!!
- ▶ Example from Friede et al (2017b)

## Crins et al. (2014) example: acute graft rejection



# RANDOM EFFECTS META-ANALYSES WITH (VERY) FEW STUDIES

- ▶ **Standard methods** (using normal approximation)
  - ▶ confidence intervals too short; do not have the right coverage
- ▶ **Extensions based on t-distributions and rescaling of standard errors** (e.g. Knapp-Hartung method)
  - ▶ good coverage if the standard errors from different studies similar
  - ▶ in general, however, HKSJ intervals either so wide that they do not allow any conclusion, or very narrow. The latter occurs rarely, but can lead to problematically narrow confidence intervals and unfavourable coverage.
- ▶ **Bayes random-effects meta-analysis ...**

# BAYESIAN META-ANALYSIS

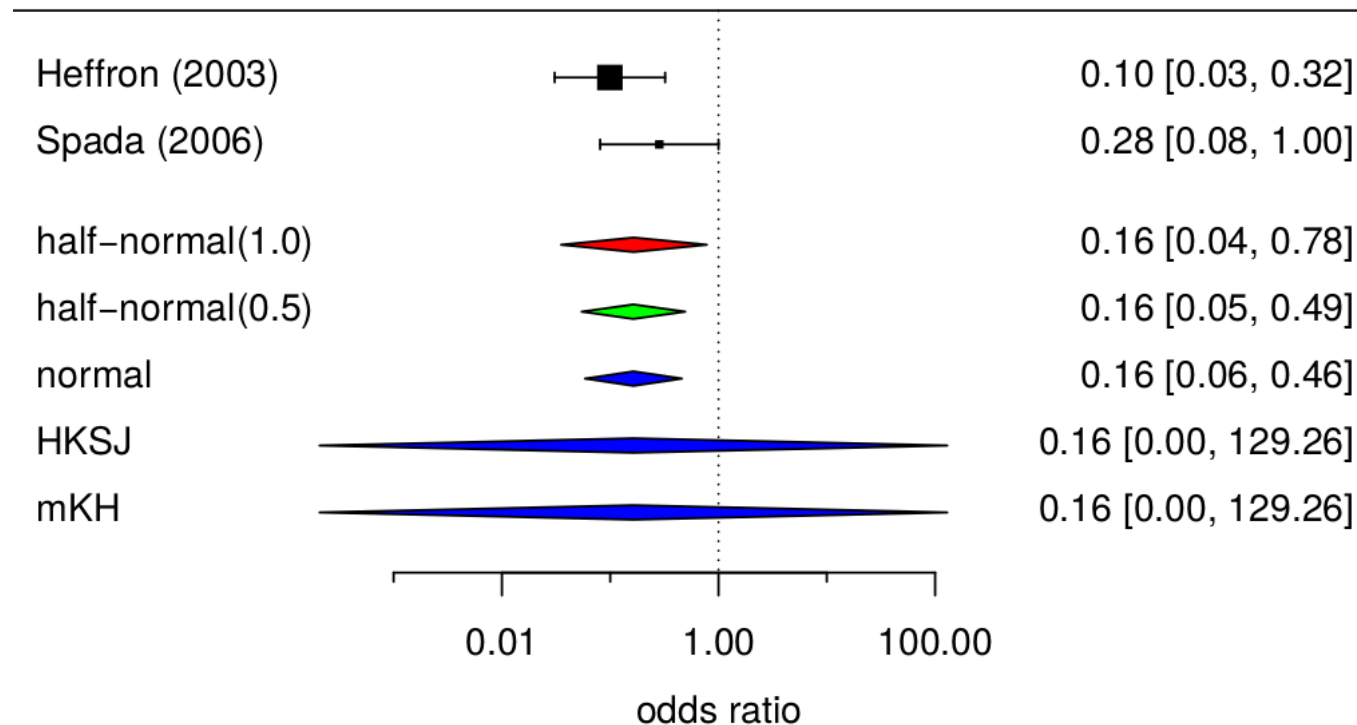
- ▶ **Idea:** Weakly informative prior on between-trial heterogeneity for meta-analysis with few studies (Spiegelhalter et al, 2004), with uninformative prior on treatment effect
  - ▶ Avoids zero estimates of between-trial heterogeneity
  - ▶ Accounts for uncertainty in the estimation of the heterogeneity
- ▶ **Easy to compute**
  - ▶ Application of DIRECT algorithm (Röver & Friede, 2017) (which is faster than MCMC sampling and does not require inspection of convergence diagnostics)
  - ▶ R package **bayesmeta** by Christian Röver (available from CRAN)



# EXAMPLE REVISITED

- **Bayesian intervals** appear to be a reasonable compromise (supported by simulation studies in e.g. Friede et al, 2017a,b)

## Crins et al. (2014) example: acute graft rejection



# PRIORS COVERING SMALL TO LARGE HETEROGENEITY ON LOG-ODDS RATIO SCALE

**Table 1.** Between-trial heterogeneity for log-odds ratios:  $\tau$  values representing small to very large heterogeneity, with 95% intervals for across-trial odds ratios ( $\exp(\theta_j)$ ).

Heterogeneity		95% interval
Small:	$\tau = 0.125$	0.783–1.28
Moderate:	$\tau = 0.25$	0.613–1.63
Substantial:	$\tau = 0.5$	0.325–2.66
Large:	$\tau = 1$	0.141–7.10
Very large:	$\tau = 2$	0.020–50.4

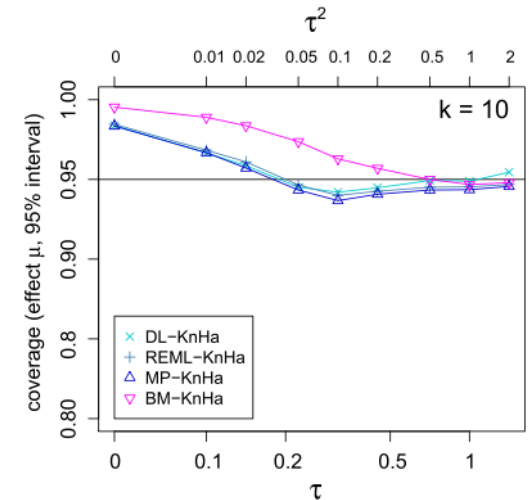
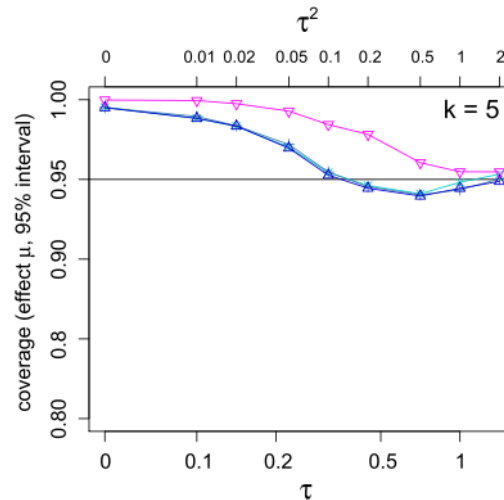
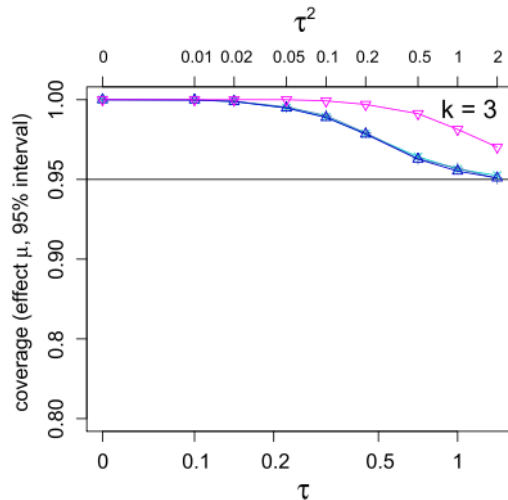
**Table 2.** Between-trial heterogeneity for log-odds ratios: three priors covering small to large heterogeneity.

Prior distribution	Median	95% interval
Half normal (scale = 0.5)	0.337	(0.016, 1.12)
Half normal (scale = 1.0)	0.674	(0.031, 2.24)
Uniform (0, 4)	2.0	(0.1, 3.9)

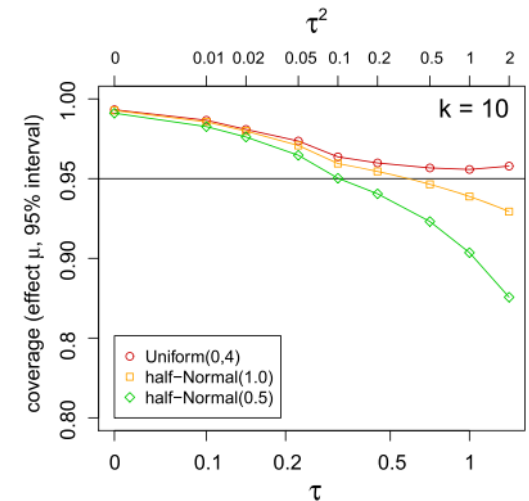
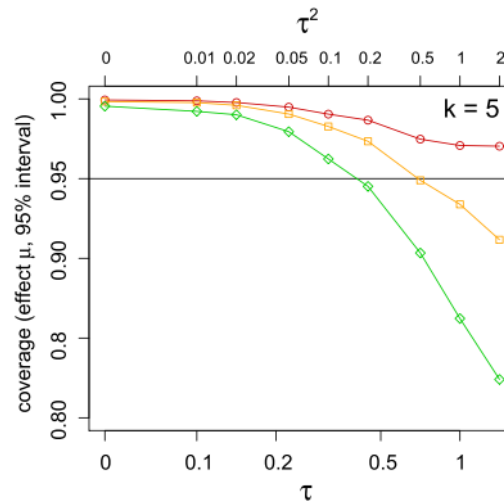
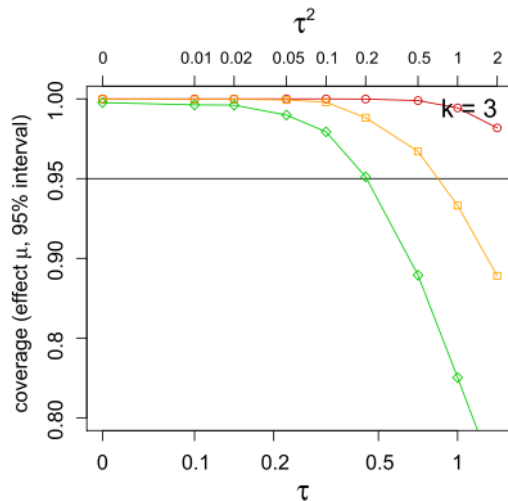
# COVERAGE PROBABILITY

► Coverage for confidence / credibility intervals of overall effect

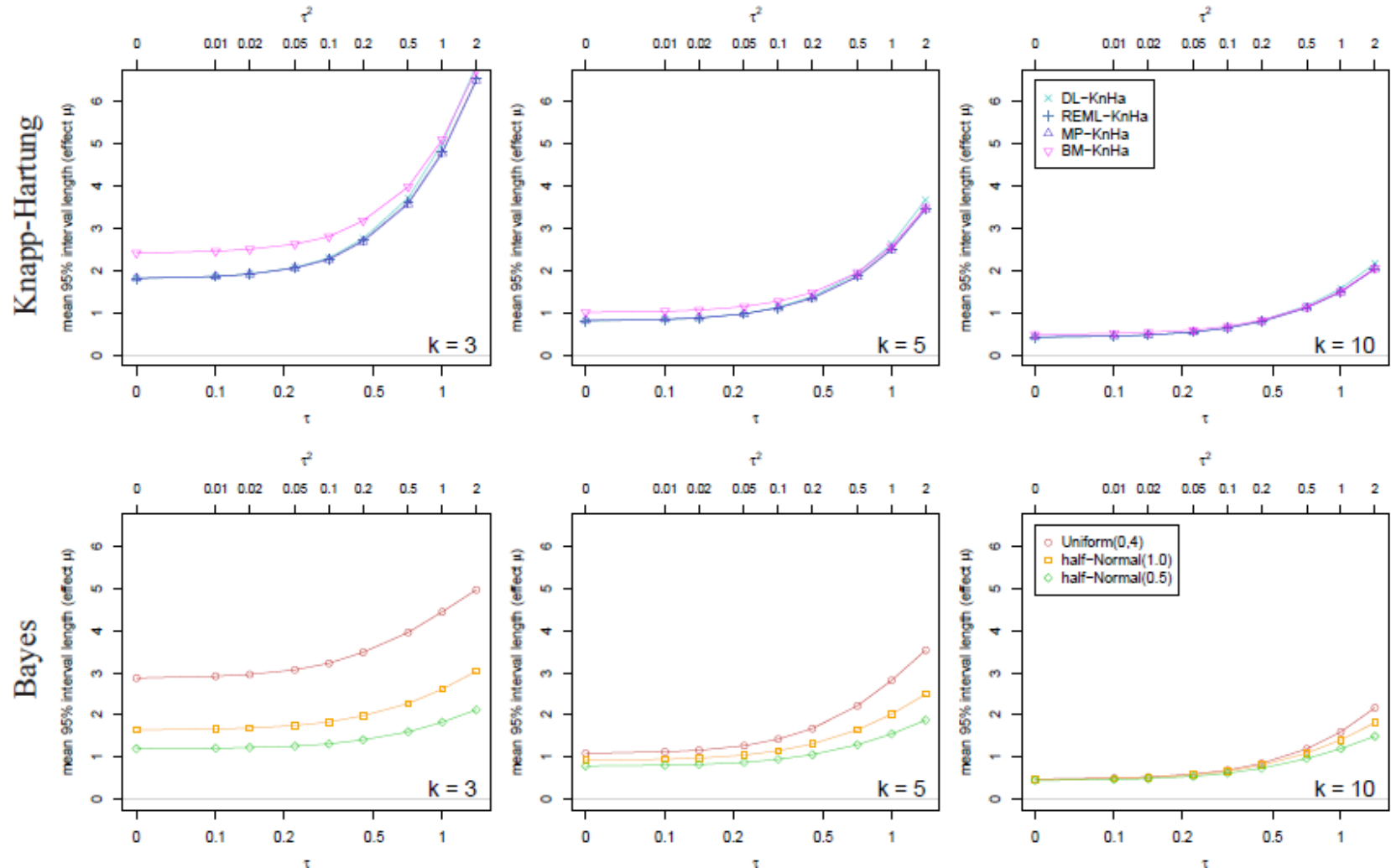
Knapp-Hartung



Bayes



## ► Mean length of confidence / credibility intervals





# “WHERE DOES THE PRIOR COME FROM?”

► Theoretical arguments, simulations, data






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**RESEARCH ARTICLE**

Research  
Synthesis Methods **WILEY**

## On weakly informative prior distributions for the heterogeneity parameter in Bayesian random-effects meta-analysis

Christian Röver<sup>1</sup>  | Ralf Bender<sup>2</sup>  | Sofia Dias<sup>3</sup>  |  
Christopher H. Schmid<sup>4</sup>  | Heinz Schmidli<sup>5</sup> | Sibylle Sturtz<sup>2</sup> |  
Sebastian Weber<sup>6</sup> | Tim Friede<sup>1</sup> 



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**RESEARCH ARTICLE**

Statistics  
in Medicine **WILEY**

## Summarizing empirical information on between-study heterogeneity for Bayesian random-effects meta-analysis

Christian Röver<sup>1</sup>  | Sibylle Sturtz<sup>2</sup> | Jona Lilienthal<sup>2</sup> | Ralf Bender<sup>2</sup> | Tim Friede<sup>1</sup> 

## SOME REFERENCES

- ▶ Friede T, Röver C, Wandel S, Neuenschwander B (2017a) Meta-analysis of few small studies in orphan diseases. *Research Synthesis Methods* 8: 79–91.
- ▶ Friede T, Röver C, Wandel S, Neuenschwander B (2017b) Meta-analysis of two studies in the presence of heterogeneity with applications in rare diseases. *Biom J* 59: 658 – 671.
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